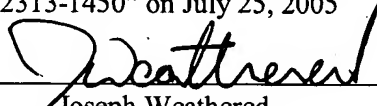


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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: "Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450" on July 25, 2005


Joseph Weathered

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Naomi L. NAKAO
SERIAL NO. : 10/687,281
FILED : 10-16-2003
FOR : Medical Instrument with Indented Loop and Associated Method

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450,
Alexandria, VA, 22313-1450

INFORMATION DISCLOSURE STATEMENT

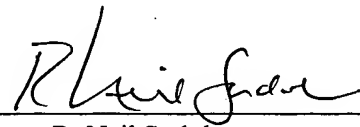
S I R:

Pursuant to the Duty to Disclose under 37 C.F.R. §1.17(p), applicant encloses herewith a copy of an Information Disclosure Citation form listing patent documents relevant to the background of the invention described and claimed in the above-identified application.

Applicant respectfully requests that the Examiner consider the enclosed references in determining the patentability of the claimed invention. Applicant also requests that the Examiner return a copy of enclosed Form PTO-1449 with initials or other marks indicating that the references have been so considered.

Respectfully submitted,
COLEMAN SUDOL SAPONE, P.C.

Dated: July 25, 2005

By: 
R. Neil Sudol
Reg. No. 31,669

714 Colorado Ave.
Bridgeport, Connecticut 06605-1601
203-366-3560



INFORMATION DISCLOSURE CITATION IN AN APPLICATION	Atty Ref: G30-014	Serial No: 10/687,281
	Applicant: Naomi L. NAKAO	
	Filing Date: 10/16/03	Art Unit: 3763

United States Patent Documents

Examiner Initial	Document Number	Date	Name	Class	Subclass	Filing Date
	4,202,338	05-13-1980	BITROLF			
	6,152,922	10-28-2000	OUCHI			
	4,256,113	05-17-1981	CHAMNESS			
	5,207,686	05-04-1993	DOLGIN			

Foreign Patent Documents

Examiner Initial	Publication Number	Publication Date	Country	Class	Subclass	Translation	
						Yes	No

Examiner:	Date Considered:
EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609; Draw line through citation if not in conformance and not considered; Include a copy of this form with next communication to the applicant.	